Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6/11/2008</u>	Address:	619 Curry St
Case #:	33F28575		Mitchell, IN
County:	Lawrence (47)		
Type of Laboratory Scizure (check one) Operational Lab		Seizure Location (Hotel/Motel
	aI/Glasswarc/Equipment (only) ite (only)	☐ Ombuilding ☐ Vehicle	☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Rcd Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium): Kitchen			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>Bathroom</u>			
Corrosive Base:			
Other (item and location):			
Yes _	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/Me	e Information c/Pseudoephedrine Tracking Log erchant Tip ug Task Force
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	epartment: Mitchell Fire Dept Fax: _		
Health Department: Lawrence Co		Fax: <u>812-2</u> Fax: <u>812-2</u>	
Child Prote	etion Service: <u>Lawrence Co CPS</u>	14A, <u>012-2</u>	<u>17-0700</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Patrick Phone 812-332-4411			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of seems processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.